



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

Email Address: cpickett@johnsonmemorial.org

Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$55176606
Outpatient Patient Service Revenue	\$206882919
Total Gross Patient Service Revenue	\$262059525

2. Deductions From Revenue

Contractual Allowance	\$171014154
Other Deductions	\$2539091
Total Deductions	\$173553245

3. Total Operating Revenue

Net Patient Service Revenue	\$88506280
Other Operating Revenue	\$526044
Total Operating Revenue	\$89032324

4. Operating Expenses

Salaries and Wages	\$42018654	Employee Benefits	\$9165913
Depreciation and Amortization	\$6259441	Interest Expense	\$4357
Bad Debt	\$4200891	Other Expenses	\$31923945
Total Operating Expenses	\$93573201		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4540877	Total Assets	\$269840808
Net Non-operating Gains over Loss	\$-1139717	Total Liabilities	\$43109739

Total Net Gains	\$-5680594
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$117596233	\$85261721	\$32334512
Medicaid	\$48311975	\$36783954	\$11528021
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$96151317	\$51507570	\$44643747
Total	\$262059525	\$173553245	\$88506280

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$102829.79	\$0	\$102829.79

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	N/A	N/A	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$132255	\$-132255
Hospital Patients	\$106706	\$79966	\$26740
Community Education	\$102829	\$378826	\$-275997

Number of Medical Professionals Trained	1,250
Number of Hospital Patients Educated	1,950
Number of Citizens Exposed to Health Education Messages	39,674

Statement Six: Charity Statement

Hospital Charity Charges	\$2539091
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1523455	
HCI Payments	\$0		
Subtotal	\$0	\$1523455	\$-1523455
Medicaid Shortfalls	\$9734109	\$27775359	
Subtotal	\$9734109	\$29298814	\$-19564705
DSH Payments	\$1,119,706		
Subtotal	\$10853815	\$29298814	\$-18444999
Medicare Shortfalls	\$24374102	\$67608034	
Other Government Programs	\$1522024	\$9293001	
Total	\$36749941	\$106199849	\$-69449908

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	N/A	N/A	\$0
Community Assessment	N/A	N/A	\$0
Provision of Taxes	N/A	N/A	\$0
Other Allocations	N/A	N/A	\$0

Comments

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